

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>	

Full Name of Payee Blueprint Interactive			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">30</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Mailing Address 1155 Connecticut Ave NW Ste 601			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">79800.00</table>		
City Washington	State DC	Zip Code 20036-4306	Transaction ID : VN7GBA2SHS6 Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>		
Purpose of Expenditure Online Advertising		Category/ Type			
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">5732732.91</table>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee SKDKnickerbocker			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">08</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">30</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">2016</table>		
Mailing Address 1150 18th St NW Ste 800			Amount <table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">16674.00</table>		
City Washington	State DC	Zip Code 20036-3845	Transaction ID : VN7GBA2SHW0 Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">/</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table> <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">Y</table>		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type			
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">5732732.91</table>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">96474.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 359775.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA2SHT4
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Kelly Ayotte		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	359775.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	456249.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

MM / DD / YYYY
08 / 31 / 2016

Signature